

# CALFRESH (CF) PROGRAM

## REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

- Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.
- Questions from Administrative Law Judges may be submitted directly to the CalFresh Policy analyst assigned responsibility to the county where the hearing took place, with a copy of the form directed to the appropriate CalFresh Bureau unit manager.

1. RESPONSE NEEDED DUE TO: <input checked="" type="checkbox"/> Policy/Regulation Interpretation <input type="checkbox"/> QC <input type="checkbox"/> Fair Hearing <input type="checkbox"/> Other:	5. DATE OF REQUEST: 2/20/14	NEED RESPONSE BY: 2/27/14
2. REQUESTOR NAME: Marian Acosta	6. COUNTY/ORGANIZATION: Santa Barbara	
3. PHONE NO.: 805-287-3858	7. SUBJECT: CalFresh Recertification Alignment	
4. REGULATION CITE(S): 63-504.123	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).  63-504.123, ACL 13-99, ACL-13-28	
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):		

ACL 13-99 - The CWD must also align the CalWORKs RD period with the CalFresh RD period, as explained in ACL 12-25.  
 ACL 13-28 - However, it is especially important the CWDs align the CalWORKs cycle to the CalFresh recertification period in instances where there is a discrepancy between programs. It is more important to align the CalWORKs and CalFresh Reporting cycles than to create the CalWORKs cycle based on the date of application/BDOA.

Question: If a household comes in to apply for CalWORKs and they have an open CalFresh case (not TCF), does the CW RD have to be aligned with the CF RC?

10. REQUESTOR'S PROPOSED ANSWER:  63-504.123 - If the household classification changes and FS Program eligibility is retained, the certification period shall be changed as follows: (a) When all members of a currently certified NA household apply for PA benefits, the CWD shall inform the household that it may be recertified for FS at the same time its PA eligibility is determined. In order to do so, the household shall submit an application for recertification and have a joint interview in conjunction with the processing of the PA application. If the household agrees to be recertified in accordance with the PA application, the CWD shall provide the household with the application forms necessary to recertify the household. If the household is determined to be eligible for PA benefits, a new FS certification period shall be assigned in accordance with Section 63-504.121. Proposed Answer: Per 63-504.123, it is understood that if a NA household applies for PA benefits, the county can give the client the option to recertify their CalFresh at the same time PA is being determined. If the household agrees, they would complete the necessary CF application forms and if found eligible to PA, they would be assigned a new CF recertification.
11. STATE POLICY RESPONSE (CFPB USE ONLY):  The state agrees with the proposed answer for cases classified in MPP 63-504.123 (those households where all members of the NA household apply for PA benefits - they have the option). However, for AR/CO cases, where not all members apply for PA benefits, ACL 13-28 is correct that the CalWORKs RD should be set up to coincide with the CalFresh RC.

### FOR CDSS USE

DATE RECEIVED: February 20, 2014	DATE RESPONDED TO COUNTY/ALJ: February 26, 2014 JN
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# CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION (Continued)

1. RESPONSE NEEDED DUE TO:	5. DATE OF REQUEST:	NEED RESPONSE BY:
<input type="checkbox"/> Policy/Regulation Interpretation		
<input type="checkbox"/> QC	6. COUNTY/ORGANIZATION:	
<input type="checkbox"/> Fair Hearing		
<input type="checkbox"/> Other:	7. SUBJECT:	
2. REQUESTOR NAME:	8. REFERENCES: <i>(Include ACL/ACIN, court cases, etc. in references)</i>	
3. PHONE NO.:	NOTE: All requests must have a regulation cite(s) and/or a reference(s).	
4. REGULATION CITE(S):		